



DAKII YADZE CENTRE WEST MOBERLY FIRST NATIONS

PO Box 90, Moberly Lake, B.C. V0C 1X0
Phone: 788-9447 Fax: 788-9450
Email: Chelsea@westmo.org



Parent/Guardian Information:

Registration Start Date: _____

End Date: _____

Mother/Guardian First Name: _____ Last Name: _____

Address (*please provide physical and mailing*): _____

Home Phone: () _____ Cell Phone: () _____

Email: _____

Place of Work: _____ Work Phone: () _____ Work Hours: _____

Father/Guardian First Name: _____ Last Name: _____

Address (*please provide physical and mailing*): _____

Home Phone: () _____ Cell Phone: () _____

Email: _____

Place of Work: _____ Work Phone: () _____ Work Hours: _____

ANY CHANGES TO CONTACT INFORMATION MUST BE REPORTED TO THE STAFF IMMEDIATELY!

Child Information:

1st Child First Name: _____ Middle Name: _____ Last Name: _____

Name child prefers to be called: _____ Birth date and year: _____

List any existing medical conditions, medications and/or special attention your child may require.

Allergies: _____ Symptoms: _____

Treatment: _____ Medical Number: _____

Physicians Name: _____ Phone: () _____

If your child requires medication to be taken during the program, it **MUST** be given directly to staff and stored in a locked container to be administered by staff members **ONLY**.

Parents MUST complete a separate consent form, required by licensing.

Consents: Please check each of the following and sign:

I give permission for photographs and videos of my child to be used in any publicity in which the program participates (newspapers, newsletters, funding) YES () NO ()

I give permission for Dakii Yadze staff to apply sunscreen to my child when outdoors. YES () NO ()

I give permission for Dakii Yadze staff to apply insect repellent to my child when outdoors. YES () NO ()

I give permission for my child to participate in occasional excursions with the program that are within 30 minutes walking distance from the facility. YES () NO ()

Parent Signature: _____

Date: _____

2nd Child First Name: _____ Middle Name: _____ Last Name: _____

Name child prefers to be called: _____ Birth date and year: _____

List any existing medical conditions, medications and/or special attention your child may require.

Allergies: _____ Symptoms: _____

Treatment: _____ Medical Number: _____

Physicians Name: _____ Phone: () _____

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Parent Signature: _____

Date: _____

IMMUNIZATION INFORMATION (REQUIRED):

If you are a client at the **West Moberly First Nations Health Centre**, your signature on the attached *Consent for Release of Confidential Information* will enable us to obtain a copy of your child’s immunization records for our files as per licensing. If you are a client at a **different health unit/medical centre**, please collect and provide us with a photocopy of your child’s immunization record. Records must be updated by the parent as the child receives additional immunizations.

HEAD LICE:

Please ensure that your child has been thoroughly checked and treated for head lice before they start the program. Staff will be checking heads throughout the program and will do our best to ensure that those with head lice will be sent home. All eggs, nits, and bugs must be removed before children can return to the program. THERE ARE NO EXCEPTIONS TO THIS POLICY.

GUIDANCE AND DISCIPLINE POLICY:

Our policy on guidance and discipline is as follows:

1. Staff will establish clear, consistent and simple rules for behaviour.
2. Staff will offer straightforward explanations for rules.
3. Staff will guide children towards appropriate behaviour.
4. Staff will approach children on an individual basis.
5. Staff will enforce the rules as needed in order to ensure the safety of all children.

Departing Procedure for _____ (child's name):

All participants must be picked up and signed out by an authorized adult. Parents are responsible for providing alternate adults below who will pick up their child in their absence.

Pick up time is between 4:30 pm and 4:45 pm.

Parents are responsible to alert staff if someone other than those listed below will be picking up their child. Staff do NOT have the authority or ability to release a child to anyone other than those stated below without prior permission from the parent(s). Staff will NOT release a child to anyone who appears to be under the influence of drugs or alcohol.

Emergency Contact & Authorized Pickup Persons (requires at least 2 different home phone numbers):

1st Contact/Pick up Name: _____ Phone: () _____

Relationship to Child: _____ Cell: () _____

2nd Contact/Pick up Name: _____ Phone: () _____

Relationship to Child: _____ Cell: () _____

3rd Contact/Pick up Name: _____ Phone: () _____

Relationship to Child: _____ Cell: () _____

Child's Name _____

The following persons are NOT authorized to pick-up my child from the program. (A relevant court order is required by licensing in the event of court related custody or no contact requirements)

Full Name: _____

Address: _____

Phone: () _____

Full Name: _____

Address: _____

Phone: () _____

Full Name: _____

Address: _____

Phone: () _____

IMPORTANT INFORMATION ABOUT YOUR CHILD'S DEVELOPMENT:**Physical Development:** Is your child...

General Movement:	With assistance?	Without assistance?	Additional information?
crawling?			
walking?			
standing?			
climbing?			
sitting in high chair with belt?			
sitting at table without belt?			
Do you have any concerns for general physical development?			

Does your child...

Resting & Naps:	AM	PM	Additional information?
have regular daily nap/rest times?			
nap for a specific amount of time (generally)?			
wake up frequently during a nap?			
use pacifying sleep aids ?			
require a special environment?			
Have a wake up routine?			
Do you have any concerns for nap/rest time procedures?			

We are responsible for ensuring your child eats healthy whole foods at breakfast, lunch and snack times. We provide many healthy options for the children to make choices at meal/snack times. Our menu is flexible to accommodate alternatives; however, processed foods are generally not an option.

Does your child...

Nutrition and Meal times:	YES	NO	Additional information?
have regular meal times?			
use formula (bottles) and/or prepared baby foods?			
generally eat whole foods?			
have any food restrictions or allergies?			
have favourite meals or foods?			

drink from a sippy cup?			
drink from a regular cup?			
drink from a straw?			
regularly use utensils to eat?			
Please provide information on vegetables and fruit your child has tried and enjoyed and how you prepare them.			
Liquids served daily include water and milk (2%). Do you have any requirements/concerns?			
Do you have any concerns or comments about nutrition and meal time procedures?			

Does your child...

Hygiene and Toilet Training:	YES	NO	Additional information?
wear diapers?			
wear pull ups or training diapers?			
require specific diaper creams or diaper wipes?			
use the toilet regularly?			
require assistance when using toilet? (please provide details)			
have a hand washing routine?			
Do you have any concerns or comments about toileting procedures, potty training, etc?			

Speech and Language Development:

Does your child...

General:	YES	NO	Additional information?
vocalize their needs by sounds/motions/actions?			
communicate (or attempt to communicate) with other children verbally?			
clearly communicate with adults verbally in general?			
use other specific methods to communicate?			
enjoy singing, rhyming, stories, other opportunities to share			

language?			
respond to specific language, words, phrases, etc? other languages that are spoken in the home?			
Do you have any concerns for general speech and language development?			

Social and Emotional Development:

Does your child...

General:	YES	NO	Additional information?
interact socially with other children?			
typically initiate play experiences?			
prefer individual play to group play experiences?			
attempt to problem solve when issues arise?			
have opportunities to share belongings (toys, books, etc)?			
have opportunities to empathize with others (apologize, console, show support in time of need?)			
display a range of emotions (happy, angry, hurt, mad, sorry, frustrated?) when engaged with others?			
exhibit any fears or phobias? (have there been any significant changes to their life recently?)			

What kinds of activities does your child enjoy doing at home? What activities do you do with your child?

Does your child have any behaviours that concern you at this time?

Schedule/Payment Information:

Under 36 months

Over 36 months

Full day: () \$12.50 Half day: () \$6.25

Full day: () \$25 Half Day: () \$12.50

The rates listed include the BC Gov't Childcare Parent Fee Reduction (in effect April 2018)

*Please specify who is responsible for the payment of fees.

Name: _____ Contact number: (250) _____

Address (both physical and mailing): _____

Method of payment: WMFN Extra-Curricular/Children's Fund ()

Cash/Cheque ()

Wage Deduction ()

Other _____ ()

Have you applied for the BC Affordable Childcare Benefit? () YES () NO

Have you received approval for the BC Affordable Childcare Benefit? () YES () NO

Signature:

Parents Signature: _____ Date Signed: _____